

ISAKSON) was added as a cosponsor of amendment No. 3470 intended to be proposed to S. 2454, a bill to amend the Immigration and Nationality Act to provide for comprehensive reform and for other purposes.

AMENDMENT NO. 3528

At the request of Mr. THOMAS, the name of the Senator from Colorado (Mr. SALAZAR) was added as a cosponsor of amendment No. 3528 intended to be proposed to S. 2454, a bill to amend the Immigration and Nationality Act to provide for comprehensive reform and for other purposes.

STATEMENTS ON INTRODUCED
BILLS AND JOINT RESOLUTIONS—APRIL 5, 2006

By Mr. ENSIGN (for himself and Mr. DEWINE):

S. 2554. A bill to amend the Internal Revenue Code of 1986 to expand the permissible use of health savings accounts to include premiums for non-group high deductible health plan coverage; to the Committee on Finance.

Mr. ENSIGN. Mr. President, I rise to introduce legislation to help individuals, small businesses, and the uninsured afford health insurance coverage. Today, 60 percent of Americans obtain health insurance coverage through their employers. The system of employer-sponsored health insurance has long provided coverage to the vast majority of America's workers and their families. However, a significant number of Americans, particularly those who work for small businesses, lack access to coverage through the employment-based system.

Employees of small businesses often go uninsured or purchase health insurance coverage on their own because continuing double-digit cost increases and burdensome state regulations are making it difficult for small employers to offer health insurance coverage.

Health insurance is valuable for a number of reasons. People who are insured are protected against uncertain and high medical expenses and are more likely to receive needed and appropriate health care. Having health insurance is also associated with improved health outcomes and lower mortality, so employees with health insurance are more likely to be productive workers.

Health savings accounts have become an important option for individuals and small businesses who have struggled to afford health insurance coverage.

The Affordability in the Individual Market Act, also known as the AIM Act, builds on the foundation of a previously passed law that established Health Savings Accounts. These accounts allow individuals with high-deductible health insurance to set aside money, tax free, up to a set limit, to use for routine medical expenses.

You can make a contribution to Health Savings Accounts or your employer can make a contribution to the

account. If you don't use all the money in a year you can roll it over, tax free, to meet future expenses.

Today, individuals trying to build up a nest egg for their retiree health expenses through a Health Savings Account are not able to use these funds to purchase their health insurance, except under limited circumstances.

The AIM Act would expand the definition of what is considered a "qualified medical expense" under the Internal Revenue Code to allow individuals and families who purchase high-deductible health plans on their own to use their Health Savings Accounts to pay plan premiums. It seems completely reasonable to allow these individuals to pay high-deductible health plan premiums with Health Savings Account dollars.

I ask my colleagues to consider cosponsoring this responsible, commonsense legislation.

Mr. DEWINE. Mr. President, I am cosponsoring a bill today, along with Senator ENSIGN and Senator FRIST, to add another option for individuals and families to purchase affordable health insurance.

The law currently allows individuals and families to set aside tax-free savings for lifetime healthcare needs in Health Savings Accounts that are combined with a high deductible health insurance plan. This has already made health care more affordable. This important legislation expands on the foundation of Health Savings Accounts by allowing individuals and families to use their Health Savings Accounts to pay the premiums of their health insurance plans.

This is the right thing to do, individuals and families need affordable health insurance options. I urge my colleagues to join Senator ENSIGN, Senator FRIST and me in supporting this legislation.

STATEMENTS ON INTRODUCED
BILLS AND JOINT RESOLUTIONS

By Ms. SNOWE (for herself and Ms. COLLINS):

S. 2596. A bill to modify the boundaries for a certain empowerment zone designation; to the Committee on Finance.

Ms. SNOWE. Mr. President, I rise today with Senator COLLINS to introduce legislation to help reverse the devastating population decline and economic distress that has plagued individuals and businesses in Aroostook County, the northernmost county in Maine. What the bill does is simple, it will bring all of Aroostook County under the Empowerment Zone (EZ) program. The legislation is identical to a bill that we introduced in the 108th Congress and was included in the FY 2004 Agriculture Appropriations bill in 2003 as passed by the Senate.

To fully grasp the importance of this legislation, it is necessary to understand the unique situation facing the residents of Aroostook County. "The

County", as it is called by Mainers, is a vast and remote region of Maine. As the northernmost county, it shares more of its border with Canada than its neighboring Maine counties. It has the distinction of being the largest county east of the Mississippi River. Its geographic isolation is even more acute when considering that the county's relatively small population of 73,000 people are scattered throughout 6,672 square miles of rural countryside. Aroostook County is home to 71 organized townships, as well as 125 unorganized townships much of which is forest land and wilderness.

As profound as this geographic isolation may seem, it is the economic isolation and the recent out-migration that has had the most devastating impact on the region. The economy of northern Maine has a historical dependence upon its natural resources, particularly forestry and agriculture. While these industries served the region well in previous decades, and continue to form the underpinnings of the local economy, many of these sectors have experienced decline and can no longer provide the number and type of quality jobs that residents need.

While officials in the region have put forward a Herculean effort to redevelop the region, with nearly 1,000 new jobs at the Loring Commerce Centre alone, Aroostook County is still experiencing a significant "job deficit", and as a result continues to lose population at an alarming rate. Since its peak in 1960, northern Maine's population has declined by 30 percent. Unfortunately, the Main State Planning Office predicts that Aroostook County will continue losing population as more workers leave the area to seek opportunities and higher wages in southern Maine and the rest of New England.

In January 2002, a portion of Aroostook County was one of two regions that received Empowerment Zone status from the USDA for out-migration. The entire county experienced an out-migration of 15 percent from 86,936 in 1990 to 73,938 in 2000. Moreover, a shocking 40 percent of 15 to 29-year-olds left during the last decade.

The current zone boundaries were chosen based on the criteria that Empowerment Zones be no larger than 1,000 square miles, and have a maximum population of 30,000 for rural areas. The lines drawn for the Aroostook County Empowerment Zone were considered to be the most inclusive and reasonable given the constraints of the program. It should be noted as well that the boundaries were drawn based on the 1990 census, making the data significantly outdated at the start and included the former Loring Air Force Base and its population of nearly 8,000 people, which had closed nearly 8 years before the designation, taking its military and much of its civilian workforces with it. The Maine State Planning Office estimated that the base closure resulted in the loss of 3,494 jobs directly related to the base and